

**ARSHA (HAEMORRHOIDS): AN AYURVEDIC PERSPECTIVE AND
CONTEMPORARY MANAGEMENT—A NARRATIVE REVIEW****Dr. Lochan Singh Khandagale^{1*}, Dr. Nitin Biswas²**Ph. D, Scholar¹, Professor & Hod², Department of Shalya Tantra Shri Ayurved Mahavidyalaya Nagpur Mh.***Corresponding Author: Dr. Lochan Singh Khandagale**

Ph. D, Scholar, Department of Shalya Tantra Shri Ayurved Mahavidyalaya Nagpur Mh.

DOI: <https://doi.org/10.5281/zenodo.23828882>**How to cite this Article:** Dr. Lochan Singh Khandagale^{1*}, Dr. Nitin Biswas² (2026). Arsha (Haemorrhoids): An Ayurvedic Perspective And Contemporary Management—A Narrative Review. World Journal of Pharmaceutical and Medical Research, 12(11), 109–114.

This work is licensed under Creative Commons Attribution 4.0 International license.

Article Received on 03/10/2026

Article Revised on 24/10/2026

Article Published on 01/11/2026

ABSTRACT

Haemorrhoids are among the most frequently encountered anorectal disorders and represent an important cause of lower gastrointestinal bleeding. In addition to producing local symptoms, they may adversely affect a patient's quality of life. In Ayurveda, Acharya Sushruta included *Arsha* among the *Ashtamahagada*, highlighting its clinical significance and the difficulty sometimes associated with its management. Classical Ayurvedic texts provide extensive descriptions of the causative factors, classification, clinical manifestations, pathogenesis, prognosis, and therapeutic approaches to *Arsha*. Despite considerable developments in contemporary medicine, effective prevention and long-term management of haemorrhoids remain challenging because of recurrence and treatment-related complications. The present review discusses *Arsha* from both Ayurvedic and contemporary perspectives, with particular emphasis on its aetiological factors, classification, clinical features, and available treatment modalities. Ayurvedic approaches including *Bhesaja Chikitsa*, *Kshara Karma*, *Agni Karma*, and *Shastra Karma*, along with dietary and lifestyle measures, are reviewed in relation to contemporary therapeutic practices. An integrated understanding of the two approaches may contribute to improved strategies for prevention and management of haemorrhoidal disease.

KEYWORDS: Arsha, haemorrhoids, Ayurveda, Kshara Karma, Agni Karma, Shastra Karma, Bhesaja Chikitsa; anorectal disorders.**INTRODUCTION**

The term "haemorrhoid" originates from the Greek word *haemorrhoids*, which is associated with the concepts of blood and flowing. In contemporary medicine, haemorrhoids refer to symptomatic enlargement and distal displacement of the normal vascular cushions of the anal canal. They are among the most common anorectal conditions encountered in clinical practice.

Ayurvedic literature provides a detailed description of a condition known as *Arsha*. According to Acharya Sushruta, abnormal muscular sprouts arising in relation to the *Gudavali* are described as *Arsha* (pile masses).^[1] Acharya Vagbhata explains the term by comparing these pathological growths with enemies that cause distress to an individual. In a similar manner, the abnormal muscular projections cause discomfort and may interfere with the normal passage of faeces through the rectum; hence, the condition is designated as *Arshas*.^[2]

The major Ayurvedic Samhitas describe *Arsha* with respect to its aetiology, pathogenesis, clinical manifestations, classification, prognosis, and treatment. Acharya Sushruta regarded *Arsha* as a significant disease and included it among the *Ashtamahagada*.^[3]

Contemporary management of haemorrhoids includes dietary and lifestyle modification, pharmacological measures, office-based procedures such as sclerotherapy, rubber band ligation, and infrared coagulation, as well as operative interventions including haemorrhoidectomy, stapled haemorrhoidopexy, and Doppler-guided haemorrhoidal artery ligation. However, no single treatment modality is universally applicable to every patient, and recurrence or treatment-related morbidity may occur.

Interestingly, Sushruta Samhita describes four principal therapeutic approaches for *Arsha*: *Bhesaja*, *Kshara*, *Agni*, and *Shastra Karma*.^[4] The present review therefore

attempts to examine the Ayurvedic understanding of *Arsha* alongside contemporary concepts of haemorrhoidal disease, with the objective of consolidating information regarding its causes, clinical presentation, prevention, and management.

AETIOLOGY AND RISK FACTORS OF ARSHA

Several anatomical, dietary, hereditary, and lifestyle-related factors have been associated with the development of haemorrhoids. These include the absence of valves in the superior haemorrhoidal veins, laxity of the submucosal connective tissue of the rectum, prolonged standing, hereditary predisposition, inadequate dietary fibre, chronic constipation, and difficulty during micturition.^[5]

From the Ayurvedic perspective, Acharya Sushruta states that individuals who do not follow appropriate dietary and lifestyle practices and repeatedly engage in activities that aggravate the *Doshas* are predisposed to *Arsha*. Factors such as consumption of incompatible foods, excessive food intake, excessive sexual activity, prolonged sitting in a squatting position, riding animals, and suppression of natural urges are described as causative factors. These factors are particularly significant in individuals with *Mandagni*, or impaired digestive capacity.^[6]

According to Sushruta, pathological growths may subsequently increase in size because of repeated mechanical irritation or contact with objects such as grass, sticks, stones, or pieces of cloth, as well as exposure to cold water.^[6]

Acharya Charaka also describes several behavioural and lifestyle-related factors associated with the development of *Arsha*. These include inappropriate patterns of sitting, standing, physical activity, sleeping during the daytime, sexual activity, prolonged or improper sitting postures, riding, and other activities capable of disturbing the normal functioning of the *Doshas*.^[7]

Thus, both classical Ayurvedic and contemporary descriptions emphasise the importance of bowel habits, dietary patterns, physical activity, mechanical stress, and lifestyle in the development and progression of haemorrhoidal disease.

CLASSIFICATION

Contemporary Classification

Haemorrhoids are broadly classified into internal and external types.

Internal haemorrhoids - Arise within the anal canal and are located above the dentate line. They generally originate in the region of the anorectal ring and extend towards the dentate line.

External haemorrhoids - Occur distal to the dentate line and are covered by anoderm or skin.^[8]

Internal haemorrhoids are commonly graded according to the degree of prolapse using the Goligher classification.

- **First degree:** The haemorrhoidal tissue does not prolapse through the anal canal.
- **Second degree:** The tissue protrudes during straining or defaecation but returns spontaneously.
- **Third degree:** Prolapse occurs during straining and requires manual reduction.
- **Fourth degree:** The prolapsed haemorrhoidal tissue remains permanently outside the anal canal and cannot be manually reduced.

Ayurvedic Classification

Acharya Sushruta classified *Arsha* into six varieties according to the predominance of the *Doshas* and other pathological factors.

1. *Vataja Arsha*
2. *Pittaja Arsha*
3. *Kaphaja Arsha*
4. *Sannipataja Arsha*
5. *Raktaja Arsha*
6. *Sahaja Arsha*.^[9]

From another perspective, *Arsha* may be categorised as *Bahya* (external) and *Abhyantara* (internal).

Acharya Charaka additionally describes *Sahaja*, *Janmottarakalaja*, *Ardra*, and *Shushka* varieties of *Arsha*.^[10]

CLINICAL FEATURES

Rectal bleeding is one of the most characteristic manifestations of haemorrhoidal disease. Typically, the blood is bright red and becomes noticeable during or immediately after defaecation. Patients may observe blood dripping or splashing into the toilet pan. Pain is not necessarily a feature of uncomplicated internal haemorrhoids but may occur when complications such as thrombosis, anal fissure, strangulation, or significant prolapse are present.

Other clinical manifestations may include mucus discharge, prolapse of haemorrhoidal tissue, discomfort, and, in cases of significant or recurrent bleeding, anaemia. Clinical assessment may involve inspection of the anal region, digital rectal examination, and proctoscopic or anoscopic evaluation.

Ayurvedic texts provide characteristic descriptions of the morphology of different types of *Arsha*. According to Acharya Sushruta, *Vataja Arsha* are generally dry (*Shushka*) and may resemble the *Kadamba* flower. *Pittaja Arsha* have been compared with structures resembling a parrot's beak, liver, or the mouth of a leech. *Kaphaja Arsha* may resemble jackfruit seeds or *Karira*. *Raktaja Arsha* have been described in comparison with pearls.^[11]

In *Raktaja Arsha*, Sushruta explains that aggravated blood may be expelled rapidly under the influence of

pressure generated by hard faecal matter acting upon the vessels of the anal canal.^[11]

MANAGEMENT

Management of haemorrhoids in contemporary medicine can broadly be divided into conservative, non-operative, and operative approaches.

Conservative Management

Initial management commonly focuses on correction of bowel habits and lifestyle factors. Measures include.

- Increasing dietary fibre intake.
- Maintaining adequate fluid consumption.
- Avoiding excessive straining during defaecation.
- Preventing constipation and maintaining regular bowel habits.
- Avoiding prolonged sitting on the toilet.

Pharmacological measures may include oral venotonic agents such as micronized purified flavonoid fraction (MPFF), which contains diosmin and hesperidin. Calcium dobesilate has also been used as a venotonic agent. Topical preparations containing nitrates or calcium-channel blockers may be considered in selected clinical situations, particularly when reduction of sphincter tone is desirable.

Non-operative Procedures

Several minimally invasive procedures are available for selected grades of haemorrhoids.

Sclerotherapy: Sclerosing agents are injected into the haemorrhoidal tissue to produce local inflammation and fibrosis. Various agents have historically been used, including phenol in oil, vegetable oil preparations, quinine and urea hydrochloride, and hypertonic saline solutions.

Rubber band ligation: A rubber band is applied to the base of the haemorrhoidal tissue. This interrupts its blood supply, resulting in tissue necrosis followed by fibrosis and fixation.

Infrared coagulation: Infrared energy is applied to the haemorrhoidal tissue, producing coagulation and subsequent fibrosis.

Cryotherapy: The haemorrhoidal tissue is exposed to low temperatures through a specialised probe, resulting in tissue destruction.

Radiofrequency ablation: Radiofrequency energy is a more recent minimally invasive approach that aims to reduce haemorrhoidal tissue and associated symptoms.

Lord's procedure: This technique has historically been described for the treatment of haemorrhoids but is currently used less frequently.

Operative Management

Surgical treatment is considered for patients with advanced disease, significant prolapse, complications, or failure of conservative and minimally invasive management.

Haemorrhoidectomy remains an established surgical treatment and is associated with a relatively low recurrence rate. Major techniques include.

1. Open haemorrhoidectomy, particularly the Milligan-Morgan procedure.
2. Closed haemorrhoidectomy, such as the Ferguson technique.

Other operative or procedural approaches include submucosal haemorrhoidectomy (Parks procedure), Whitehead's circumferential haemorrhoidectomy, Doppler-guided haemorrhoidal artery ligation (DGHAL), stapled haemorrhoidopexy (PPH), radiofrequency-based procedures, suture fixation, diathermy haemorrhoidectomy, and laser haemorrhoidectomy.^[12]

AYURVEDIC MANAGEMENT OF ARSHA

Acharya Sushruta describes four principal approaches for the management of *Arsha*.

1. *Bhesaja Chikitsa*
2. *Kshara Chikitsa*
3. *Agni Chikitsa*
4. *Shastra Chikitsa*

The selection of treatment depends upon the nature, duration, severity, *Dosha* involvement, morphology, and clinical presentation of the lesion.

1. Bhesaja Chikitsa

Medicinal management is recommended for relatively recent cases of *Arsha* in which *Dosha* vitiation is limited and severe symptoms or complications are absent. Sushruta describes treatment according to the predominant *Dosha*.

Vataja Arsha, therapeutic measures include *Snehana*, *Swedana*, *Vamana*, *Virechana*, *Anuvasana Basti*, and *Asthapana Basti*.

Pittaja Arsha, *Virechana* is particularly indicated.

Kaphaja Arsha, preparations involving substances such as *Shringavera* and *Kulatha* are described.

Raktaja Arsha, appropriate *Sanshamana* therapy is advised.

Tridoshaja Arsha, medicated milk preparations may be selected according to the predominant *Dosha*.¹³

Acharya Charaka has also described management according to the clinical type of *Arsha*.

Shushka Arsha, therapeutic measures include *Snehana*, *Swedana*, *Avagaha*, local applications (*Lepa*), *Deepana-Pachana*, *Vatanulomana*, *Asava*, *Arishta*, *Ghrita*, *Basti*, and *Takra*.

Sravi Arsha, the treatment described includes measures such as *Rakta Sangrahana*, *Vamana*, *Virechana*, *Langhana*, *Parishechana*, *Avagaha*, *Anuvasana Basti*, *Pichchha Basti*, administration of *Ghrita*, and *Vyatyasa Karma*.^[13]

These measures illustrate the emphasis placed by Ayurveda on correcting digestive and systemic disturbances in addition to addressing local manifestations.

2. KSHARA KARMA

According to Acharya Sushruta, *Kshara Karma* may be employed for *Arsha* that are soft, extensive, deeply situated, or projecting. It is regarded as a specialised parasurgical procedure and is described as comparatively less invasive than conventional sharp-instrument surgery or cauterisation.

Kshara possesses properties associated with *Chhedana*, *Bhedana*, and *Lekhana*, allowing it to act on pathological tissue.^[14] It is particularly useful when lesions are difficult to approach using conventional instruments and is described as having applicability in conditions involving multiple *Doshas*.

The selective chemical action of *Kshara* makes it an important component of the classical Ayurvedic management of anorectal disorders.

3. AGNI KARMA

Agni Karma is described for haemorrhoidal lesions that are rough, fixed, broad-based, and hard in consistency.^[15] According to Sushruta, *Vataja* and *Kaphaja Arsha* may be managed using *Agni Karma* and *Kshara Karma*.

When the haemorrhoidal mass has prolapsed, *Kshara Karma*, *Agni Karma*, or surgical intervention may be undertaken according to the clinical situation. The procedure is traditionally considered effective because it aims to destroy the diseased tissue and achieve local haemostasis.

4. SHASTRA KARMA

Surgical excision (*Shastra Karma*) is described for haemorrhoidal masses that have a narrow pedicle, are projecting, and are moist in nature.^[16] Sushruta describes excision using sharp surgical instruments such as *Mandalgra*, *Karapatra*, *Nakhastra*, *Mudrika*, *Utpalapatra*, and *Ardhadhara*, with an appropriate incision.

Following excision, *Agni Karma* may be used when required to manage residual tissue or control bleeding and oozing.^[16] In principle, this classical approach has certain similarities to modern excision-based haemorrhoidectomy, in which the pathological tissue is removed and haemostasis is secured.

PATHYA AND APATHYA

Dietary and lifestyle regulation is an important component of Ayurvedic management. Avoidance of factors that may aggravate the condition is emphasised.

Foods and activities described as unsuitable (*Apathya*) include excessive consumption of heavy foods, certain

meats, fish, oil-cake preparations, excessively obstructive foods, improperly administered therapeutic procedures, incompatible food combinations (*Viruddha Ahara*), excessive intake of water in inappropriate circumstances, exposure to the sun, retention of natural urges, excessive sexual activity, and other activities capable of aggravating the underlying pathology.

Ayurvedic texts also identify *Vishtambhi Ahara*, *Guru Ahara*, meat of animals from marshy regions (*Anupa Mamsa*), contaminated or unsuitable water, suppression of natural urges (*Vegavarodha*), excessive sexual activity (*Ati Streesanga*), inappropriate sitting postures (*Utkatasana*), and excessive riding as factors that should be avoided.^[17]

Therefore, dietary correction, regular bowel habits, appropriate physical activity, and avoidance of precipitating factors are important components of long-term management.

DISCUSSION

Arsha has been recognised in Ayurvedic literature since ancient times, and its management continues to present clinical challenges. Classical texts provide extensive descriptions of its causative factors, pathogenesis, clinical characteristics, classification, prognosis, and treatment.

Contemporary management initially emphasises dietary and lifestyle modification, particularly increasing fibre and fluid intake and reducing straining during defaecation. Depending upon the severity and grade of disease, pharmacological therapy, office-based procedures, and surgery may subsequently be required. Although these interventions can be effective, each has specific indications, limitations, adverse effects, and potential for recurrence.

In contrast, Ayurveda describes a broader therapeutic framework. *Bhesaja Chikitsa* includes medicinal preparations, local applications, digestive and metabolic correction, *Shodhana* procedures, *Basti*, and dietary regulation according to the individual presentation and *Dosha* involvement. In addition, specialised procedures such as *Kshara Karma*, *Agni Karma*, and *Shastra Karma* are described according to the morphology and characteristics of the haemorrhoidal lesion.

The Ayurvedic approach places considerable emphasis on prevention through *Pathya-Apathya*, correction of digestive disturbances, regulation of bowel habits, and avoidance of causative lifestyle factors. Contemporary medicine similarly recognises dietary fibre, adequate hydration, and avoidance of excessive straining as important preventive measures.

Modern minimally invasive procedures such as rubber band ligation, infrared coagulation, and radiofrequency techniques have expanded the therapeutic options

available to patients. Surgical procedures, including open and closed haemorrhoidectomy, stapled haemorrhoidopexy, Doppler-guided haemorrhoidal artery ligation, and laser-based techniques, are also used according to disease severity and clinical indication. Nevertheless, complications, treatment-related discomfort, recurrence, cost, and the requirement for technical expertise remain relevant considerations.

The comparison of Ayurvedic and contemporary approaches suggests an opportunity for further scientific investigation. Rather than considering the two systems in isolation, appropriately designed clinical studies may help determine the safety, efficacy, indications, and limitations of individual Ayurvedic interventions in comparison with established contemporary treatments.

There remains a need for high-quality research examining Ayurvedic procedures and formulations using accepted clinical outcomes, standardised methodology, adequate sample sizes, appropriate controls, and long-term follow-up. Such evidence could help clarify the potential role of Ayurvedic interventions in the prevention and management of haemorrhoidal disease.

CONCLUSION

Haemorrhoids are among the most common anorectal disorders and can significantly affect quality of life. In Ayurveda, *Arsha* is regarded as an important disease and is included among the *Ashtamahagada*. Classical Ayurvedic texts provide a comprehensive description of its aetiology, classification, clinical manifestations, prognosis, and management.

Ayurveda adopts a multifaceted approach that includes dietary and lifestyle regulation, medicinal therapy, local treatment, *Shodhana Chikitsa*, and specialised procedures such as *Kshara Karma*, *Agni Karma*, and *Shastra Karma*. Treatment selection is based on factors such as disease duration, severity, *Dosha* involvement, morphology, and clinical presentation.

Contemporary medicine provides a range of conservative, minimally invasive, and operative interventions, with treatment generally selected according to the grade and severity of haemorrhoidal disease. Both systems recognise the importance of appropriate bowel habits, dietary regulation, and avoidance of precipitating factors.

A scientifically evaluated integration of Ayurvedic principles with contemporary clinical practice may provide additional therapeutic options and contribute to improved patient care. However, further well-designed clinical research is necessary to establish the efficacy, safety, comparative effectiveness, and long-term outcomes of Ayurvedic interventions for *Arsha*.

REFERENCES

1. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Nidana Sthana, Arshasamnidana. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2009; 306.
2. Gupta A. *Ashtangahridayam of Vagbhata with Vidyotini Hindi Commentary*. Upadhyaya Y, editor. Nidana Sthana, Arshasamnidanam. 5th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1975; 243.
3. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Sutra Sthana, Avaraniyamadhyaya. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2015; 163.
4. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Chikitsa Sthana, Arsha Chikitsa. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2012; 46.
5. Das S. *A Concise Textbook of Surgery: The Rectum and Anal Canal*. 8th ed. Kolkata: Das S Publishers, 2014; 1077.
6. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Nidana Sthana, Arshasamnidana. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2009; 306.
7. Chaturvedi G, Shastri K. *Charak Samhita of Agnivesh with Vidyotini Hindi Commentary*. Vol. 2. Shastri R, Upadhyaya Y, Pandeya GS, Gupta B, editors. Chikitsa Sthana, Arsha Chikitsitam Adhyaya. 2nd ed. Varanasi: Chaukhambha Bharati Academy, 2020; 378–379.
8. [Reference corresponding to the contemporary classification of internal and external haemorrhoids should be verified and inserted.]
9. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Nidana Sthana, Arshasamnidana. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2012; 306, 310.
10. Chaturvedi G, Shastri K. *Charak Samhita of Agnivesh with Vidyotini Hindi Commentary*. Vol. 2. Shastri R, Upadhyaya Y, Pandeya GS, Gupta B, editors. Chikitsa Sthana, Arsha Chikitsitam Adhyaya. 2nd ed. Varanasi: Chaukhambha Bharati Academy, 2009; 416.
11. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Nidana Sthana, Arshasamnidana. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2009; 307–308.
12. Mann CV, Russell RC, Williams NS. *Bailey and Love's Short Practice of Surgery*. 22nd ed. London: Chapman and Hall; 1995; 873–874.
13. Chaturvedi G, Shastri K. *Charak Samhita of Agnivesh with Vidyotini Hindi Commentary*. Vol. 2. Shastri R, Upadhyaya Y, Pandeya GS, Gupta B, editors. Chikitsa Sthana, Arsha Chikitsitam Adhyaya. 2nd ed. Varanasi: Chaukhambha Bharati Academy, 2020; 384–406.
14. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Sutra Sthana, Ksharapakavidhi Adhyaya. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2009; 45.

15. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Chikitsa Sthana, Arsha Chikitsa. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2012; 46.
16. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Chikitsa Sthana, Arsha Chikitsa. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2012; 46.
17. Shastri A. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*. Vol. 1. Chikitsa Sthana, Arshasamnidan/Arsha Chikitsa. Varanasi: Chaukhambha Sanskrit Sansthan. [Bibliographic details should be verified against the original edition.]